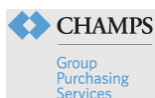




Helping innovative long-term care professionals provide quality health care to Ohioans.

## OANH Premier Partners



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## FRIDAY, FEBRUARY 5, 2010 HEADLINES:

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**Membership dues invoices in the mail** – The Academy has mailed 2010 membership dues invoices to all full (facility) and associate members. Members are asked to complete the membership update form if there have been any recent changes to the contact information. **The deadline for payment is Friday, March 5.** Membership for skilled nursing facilities has been reduced \$8 per bed per member, and associate member dues have been decreased \$100 per member. Questions about billing or payment should be directed to [Christina O'Neal](#). ([Back to top](#)).

**Learn how YOUR facility can receive more physician referrals** – Plan to attend the upcoming **“Physician Sales Bootcamp”** to learn how your facility can receive more physician referrals. This program will teach you the most effective way to develop relationships with physicians that will earn you the right to ask for and receive qualified referrals. Speaker Linda Saunders, LNHA of Censolutions will provide you with the tools, techniques and confidence to get the census results! “Physician Sales Bootcamp” will be held in Columbus on **Wednesday, February 24** from 1 to 4 p.m. It will offer three (3) BENHA CEUs. Academy members may attend this program for \$59 and non-members may attend for \$89. Three employees from the same member facility may attend at the discounted rate of \$139. Information concerning this course has been faxed. You can also [register online](#). ([Back to top](#)).

**Do you want to improve the lives of your dementia residents?** – Learn how to utilize a more person-centered care approach for dementia and how to adequately prepare your staff to manage the additional behavioral needs of these residents by attending **“Focus on Resident Socialization and Safety: A Toolkit for Dementia Programs.”** This program will explain what makes a dementia unit special and how management and staff can work together to focus on dignity and respect. Speaker Barbara Peterson, RN MPH of Risk Management Solutions will give you tools you can implement immediately back at your facility. Dates and locations are:

- **Cleveland – Tuesday, March 23**  
Holiday Inn Independence  
6001 Rockside Road  
Independence, Ohio 44131
- **Columbus – Wednesday, March 24**  
Confluence Park Restaurant

679 W. Spring Street  
Columbus, Ohio 43215

- **Cincinnati – Tuesday, March 30**  
Kings Island Resort  
5691 Kings Island Dr.  
Mason, Ohio 45040

“Focus on Resident Socialization and Safety: A Toolkit for Dementia Programs” will be held from 10 a.m. to 3 p.m., includes lunch and has been approved for four (4) hours of BENHA CEUs. Social work credit is pending. Academy members may attend this program for \$89 and non-members may attend for \$139. A member facility may send three employees for the discounted price of \$199, a savings of \$68! Watch your fax for more information or you can [register online](#). For questions, contact [Dawn Kennedy](#). ([Back to top](#)).

**Control your workers’ compensation costs and grab discounted CEUs** – Save your facility money by learning what you can do to control your workers’ compensation costs—and obtain discounted CEUs with the upcoming regional education program “**Strategies for Controlling Workers’ Compensation Costs.**” The Academy has partnered with CompManagement Inc., a Sedgwick CMS Company and CompManagement Health Systems, a Sedgwick CMS Company to offer this regional education program on Tuesday, March 9 in Columbus at a greatly discounted price. This class will cover the many changes to workers’ compensation, cost containment, using your TPA and MCO and new BWC programs. It will offer three (3) BENHA CEUs to Academy members for only \$29 and non-members may attend for \$69. Watch your fax and email for more information or you can [register online](#). For questions, contact [Dawn Kennedy](#). ([Back to top](#)).

**Notes from the ODH monthly provider meeting** – The Academy met with state agency officials and other trade association representative to discuss survey and quality issues. Below are notes from the meeting:

- ODH provided the top 10 RCF deficiencies for 2009. Fire drills (R277) took the top spot with 112, followed by dietary services (R233 and R234) with 69 and 51 respectively. Qualifications and health of personnel (R146, 42 sites) and annual resident health assessments (R177, 36 sites) round out the top five.
- Residential facilities do not have to include the names of individuals that participated in fire drills, just the number of residents. However, surveyors’ have to be able to reconcile the number in some manner (example: ambulatory versus non-ambulatory residents).
- A facility’s policy dictates if a family can use a “granny cam” at that facility.
- Self reported incident [forms](#) were updated with new fax numbers. Although the area code for the fax numbers is 614, the faxes are still going to the district offices. ODH noted that the form should be updated to encourage electronic submission and they will work on that in the future.
- The copy of a notice of a proposed transfer or discharge that is sent to ODH should be sent to ODH’s Office of General Counsel.
- ODH is still working on the final details of the process to receive permission to use 30-second delayed egress doors. As it stands now, providers should request approval from the district office. The request needs to include why the longer delayed egress door is necessary, which doors will be delayed, and approval from the local entity responsible for performing life safety survey. The approval from the local entity varies and may include the building department. The district office will keep the request until the next survey at which time they can recommend the approval and it would become part of the survey package.
- The resident satisfaction survey data for nursing homes should be available within the next few weeks. All nursing homes met margin of error. RCF data should be available early to mid March, at which time ODA will issue a press release along with survey results.

For more information, contact the Academy. ([Back to top](#)).

**ODJFS discusses provider agreement and emergency planning rule changes** – The Academy, along with other interested parties, met with ODJFS late last week to discuss rule changes to the provider agreement and new emergency planning rules. The provider agreement rule changes codify existing practices and ensure that ODJFS rules are in compliance with federal requirements. The emergency planning rule, which is new, would require nursing homes and ICF/MRs to have a written emergency plan when an emergency arises that causes the relocation of any residents. The plan may be a component of existing emergency plans. As proposed, the rule would have the facility contacting a litany of state and local agencies. The Academy recommended that the ODJFS emergency coordinator take on responsibility of contacting any state or local agency that is not

already required to be contacted by law. The rule also codifies current law in that a facility that remains without residents for 30 days needs to go through the certification process. For more information, contact [Chris Murray](#). ([Back to top](#)).

**ODA outlines enhanced community living service to interested parties** – The Ohio Department of Aging outlined possible rules for adding enhanced community living (ECL) services to the state waiver programs. ECL services would be defined as “a service that promotes aging in place through the provisions of on-site access in multi-family affordable housing to individually-tailored health and supportive intervention for consumers who have functional deficits resulting from one or more chronic health conditions.” They would be provided in congregate settings (e.g. low income apartments) by an independent provider. Services would focus on health status monitoring and direct service interventions, in 15-minute units and there would be a maximum of 12 hours per day per location. Stakeholders raised issues of provider/landlord relationships, resident right to choose, quality, and licensure. ODA could not provide precise answers; however, they will consider those issues as they finish preparing the rules. ODA anticipates receiving federal approval by July 1 and to begin the implementation of the new service shortly thereafter. For more information, contact [Chris Murray](#). ([Back to top](#)).

**Update from CMS** – The Centers for Medicare & Medicaid Services (CMS) recently released the following information of interest to long-term care providers:

- **January MDS 3.0 Information Update**

- RAI Manual: Chapters 2 and 4 along with Appendix C have been published on the [MDS 3.0 homepage](#).
- MDS 3.0 Item Subsets V1.00.1 January 2010: Includes a file called MDS3.0\_Item\_Changes\_v1.00.1.pdf that lists the changes that have made since the previously posted version to each of the individual item subsets. The previously posted MDS 3.0 Item Matrix has been moved to Appendix F of the RAI manual. A more detailed version of the item matrix that is intended for software developers is available as part of the MDS 3.0 data submission specifications.
- Information about the upcoming MDS 3.0 training in March and April has also been added to the [MDS 3.0 Training Conference Information webpage](#). All details regarding the training and registration process is contained within this webpage. Individuals will not be able to get any additional information by contacting CMS staff or submitting questions to [MDS30Comments@cms.hhs.gov](mailto:MDS30Comments@cms.hhs.gov).
- A listserv note will be sent out when additional information becomes available. Any questions about the MDS 3.0 RAI manual can be directed to <mailto:mds30comments@cms.hhs.gov>. Any technical questions pertaining to software development should be directed to <mailto:Michael.Stoltz@cms.hhs.gov>. Responses to questions will be provided during regularly scheduled CMS public teleconferences.

- **Special Open Door Forum: Medicare Provider & Supplier Enrollment**

CMS will hold a Special Open Door Forum (ODF) to discuss Medicare provider enrollment issues on Wednesday, February 15 from 2 to 3 p.m. During this call, CMS staff will discuss:

- Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for physicians, non-physician practitioners and provider and supplier organizations
- Provider and supplier reporting responsibilities
- Medicare ordering and referring Issues
- Revalidation efforts

There will be an opportunity for the public to ask questions following the call. To participate, dial 1-800-837-1935; conference ID 52537484.

- **SNF PPS Personal Computer (PC) Pricer Files Updated**

Due to receiving updated quarterly provider data, the FY 2009 SNF PPS PC Pricer and the FY 2010 SNF PPS PC Pricer have been updated at under the [Downloads section](#). The FY 2009 SNF PPS PC Pricer and the FY 2010 SNF PPS PC Pricer have been updated with the most recent provider data from January 2010. If you use the FY 2010 SNF PPS PC Pricer or the FY 2009 SNF PPS PC Pricer, please go to the page referenced above and download the latest version of the PC Pricers.

- **Fact Sheets**

- [The Medicare Physician Fee Schedule Fact Sheet](#) (February 2010) has been revised to include information about the two month zero percent (0%) update to the 2010 Medicare Physician Fee Schedule (MPFS) effective only for dates of service January 1, 2010 through February 28, 2010. This fact sheet, which also provides information about MPFS payment rates and the MPFS payment rates formula, is available in downloadable format.

- The revised [Hospital Outpatient Prospective Payment System Fact Sheet](#) (January 2010), which provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set, is now available in downloadable format.

- **5010: Taking EDI to the Next Level**

CMS has released two new HIPAA Version 5010 fact sheets, as well as two companion checklists, to assist providers in transitioning to 5010. Version 5010 is the new version of the X12 standards for HIPAA transactions; version D.0 is the new version of the National Council for Prescription Drug Program (NCPDP) standards for pharmacy and supplier transactions; and version 3.0 is a new NCPDP standard for Medicaid pharmacy subrogation. The implementation of HIPAA Version 5010 presents substantial changes in the content of the data that providers submit with their claims, as well as the data available to them in response to their electronic inquiries for eligibility or claims status. These new educational materials inform providers of these changes and how they need to plan for their implementation. This information is designed for Medicare Fee-For-Service providers; however, it may be of interest to all health care providers. Go to the [CMS 5010 website](#) and click on "Educational Resources" to view these new educational products.

- **AHRQ Draft TA Review Period Extended**

The Agency for Healthcare Research and Quality's (AHRQ) Technology Assessment Program review period for the draft technology assessment entitled "Systematic Reviews on Selected Pharmacogenetic Tests for Cancer Treatment: *CYP2D6* for Tamoxifen in Breast Cancer, *KRAS* for anti-EGFR antibodies in Colorectal Cancer, and *BCR-ABL1* for Tyrosine Kinase Inhibitors in Chronic Myeloid Leukemia" has been extended to February 12, 2010 due to a delayed (January 28) posting of the associated appendices. If you are interested in reviewing this document, please [click here](#). The document will be available for review from 9 a.m. on January 27, 2010 to 5 p.m. on February 12, 2010. If you have any questions, please contact [ahrqtap@ahrq.hhs.gov](mailto:ahrqtap@ahrq.hhs.gov). [\(Back to top\)](#).

### **Fed budget includes extension of enhanced FMAP; health care reform stall impacts therapy caps**

– The federal budget released by the Obama administration includes a six-month extension of the increased federal match (FMAP) for Medicaid services that was included in the stimulus bill. Currently, the enhanced FMAP is set to expire December of this year and Ohio would receive less federal funds in the last half of state fiscal year 2011. Ohio has budgeted for the reduction in match so additional matching funds should provide a budget cushion if Ohio's economic conditions continue to sour. Senate Majority Leader Harry Reid, D-Nev., and Sen. Jay Rockefeller, D-W.Va., are preparing a bill to give states additional funds for Medicaid services. The bill is supposed to relieve state budgetary pressures and avoid states cutting Medicaid funding should the enhanced match expire. In related news, extending the Medicare therapy cap exception process appears to be in limbo with the health reform bills. Currently, Medicare recipients have annual limits of \$1,860 for physical and speech therapy combined and \$1,860 for occupational therapy. Both the house and senate health reform bills would have extended the exception process for at least one year. It is estimated that 14 percent of Medicare recipients will exceed the cap. [\(Back to top\)](#).

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